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ABSTRACT

This study examined self-reported depression among severely emotionally disturbed adolescents at a private school serving publicly funded adolescents enrolled in a therapeutically supportive, non-residential educational program. From a sample of 45 students, using the Reynolds Adolescent Depression Scale (RADS), 15 students were selected for a High scoring group and 9 for a Low scoring group. The two groups were compared on four domains of variables previously cited in the literature: student characteristics, school-related characteristics, teacher ratings (through the Revised Behavior Problem Checklist), and self-reported anxiety (on the Revised Children's Manifest Anxiety Scale, RCMAS). The High RADS group was found to present a higher level of school attendance, more pathological ratings on the Anxiety-Withdrawal scale of the Revised Behavior Problem Checklist, and higher scores on the scales and Total Anxiety score of the RCMAS. The Low RADS group exceeded the High group on the Lie Scale of the RCMAS. The findings of this study suggest that a score on the RADS must be interpreted very cautiously with severely emotionally disturbed adolescents. It is possible that a high score could even be an indication of therapeutic progress, whereas a low score may indicate student resistance to therapeutic involvement. (Author/NB)

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Characteristics of Severely Emotionally Disturbed Adolescents With Extreme Scores on the Reynolds Adolescent Depression Scale

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About the Author

Requests for reprints should be sent to Chatham Central Schools, Chatham, N.Y. 12037. The author would like to thank the students, teachers, and administrators of The Alternative School in Brooklyn, New York. A special note of thanks to Batya Koningsberg for her assistance in data collection.

Abstract

The present study examined self-reported depression among severely emotionally disturbed (SED) adolescents. From a sample of 45 SED students, using the Reynolds Adolescent Depression Scale (RADS), 15 students were selected for a High scoring group and 9 for a Low scoring group. The two groups were compared on four domains of variables previously cited in the literature: student characteristics, school related characteristics, teacher ratings (Revised Behavior Problem Checklist, RBPC), and self-reported anxiety (Revised Children's Manifest Anxiety Scale, RCMAS). The High RADS group was found to present a higher level of school attendance, more pathological ratings on the Anxiety-Withdrawal scale of the RBPC, and higher scores on the scales and Total Anxiety score of the RCMAS. The Low RADS group exceeded the High group on the Lie Scale of the RCMAS. These findings are interpreted with consideration of the special characteristics of this SED sample.

Characteristics of Severely Emotionally Disturbed Adolescents With Extreme Scores on the Reynolds Adolescent Depression Scale

The suicide rate has risen 300% since 1950 for young adults in the 15 to 24 year old category (Davis, 1985). Depressive symptomology is viewed as one of the five major indicators of suicidial risk (American Association of Suicidology, 1977) and empirical research has linked depressive symptoms to suicidial behavior in adolescents (Carlson & Cantwell, 1982). Thus, the assessment of depression and understanding of its associated variables is of curcial concern.

In reviewing various methods of assessing depression, Kazdin and Peti (1982) noted that self-report measures were particularly useful. A number of investigators have used self-report measures in studies on depression among nonclinical, adolescent samples. Albert and Beck (1975) used a sample of regular education, early adolescents and found that depression was related to student reported maladjustment and teacher ratings of student classroom performance. Another study using junior high school age adolescents (Schoenback, Kaplan, Wagner, Grimson & Miller, 1983) found depression was more common among black than white students, especially for black male students. Using a high school age sample, Teri (1982) reported that higher self-reported depression was found among female students and was related to student completed measures

of maladjustment. The most comprehensive study of depression with a nonclinical adolescent sample was conducted by Kandel and Davis (1982) with a sample (n = 8,206) of high school age adolescents. They reported that self-reported depression was more often found for female students, students residing in families at the lowest income levels, poor school attenders, students with problematic parent-child relations, and students with parents with psychiatric disorders. The study did not find depression related to age, race, religion, and student grade point average.

Each of the above studies was completed with regular education students. Studies conducted using handicapped adolescents have been less common. Chiles, Miller, and Cox (1980) conducted a study examining depression among early adolescent delinquents at a residential facility. Through the use of a diagnostic interview depressed and nondepressed students were identified. They found that depressed adolescents were more often female, displayed attention deficits, a history of school truancy, and a family history of depression. The two groups did not differ on race, socioeconomic status, grade point average, nature of acting-out symptoms, or score on Beck Depression Inventory. To date a study of depression with adolescents with the educational classification of severely emotionally disturbed (SED) has not been conducted. This is unfortunate

given the acute educational, socioemotional, and behavioral needs presented by these students (Stainback & Stainback, 1980).

This study has investigated depression among SED adolescents, exploring many of the variables cited above as well as other variables not studied in those investigations. These other variables have been studied in the literature on childhood depression. These studies has found that childhood depression is associated with lower academic skills in female children (Lekowitz & Tesiny, 1985), contradictory findings with regards to IQ (Brumback, Jackoway, & Weinberg, 1980; Kaslow, Rehm, & Siegel, 1984), positively related to teacher ratings of observable problematic behaviors (Jacobsen, Lahey, & Strauss, 1983; Strauss, Forehand, Frame, & Smith, 1984), and positively related to higher levels of self-reported anxiety (Strauss, Frame, & Forehand, 1987; Strauss et al., 1984).

The current study was designed to investigate variables related to adolescent self-reported depression for SED adolescents enrolled in a supportive educational setting. The study is aimed at enhancing our understanding of the meaning of extreme scores on a self-report measure of depression for SED youth. To assess depression the Reynolds Adolescent Depression Scale (RADS) (Reynolds, 1987) was utilized to identify depressed and nondepressed groups. The RADS is a recently developed self-report measure with very strong psychometric properties. This study will investigate four domains: student background characteristics,

school related characteristics, teacher ratings, and self-reported anxiety. Based on previous research, it is hypothesized that depressed SED students will more often be female, present a poorer record of school attendance, receive teacher ratings indicating greater anxiety-withdrawn behaviors, and report higher levels of anxiety. A number of other variables previously cited will be explored including race, age, socioeconomic status, length of school enrollment, academic skills, IQ, grade point average, and teacher ratings of other symptom clusters.

Method

Participants

The study was conducted at a non-profit, private school serving publicly funded SED adolescents drawn from the five boroughs of New York City. The school serves 52 students enrolled in a therapuetically supportive, non-residential educational program. Students were identified as SED by their local school districts and were found inappropriate for local district educational placements, due to their acute socioemotional needs.

From the school's 52 students, with parent and student agreement, 45 students participated in the study and were administered the RADS. Based on student responses to the RADS, the High RADS group was formed with students who scored exceeding the scale's recommended cutoff (Reynolds, 1987) (raw score of 77, 88th percentile), while the Low RADS group was

composed of students with raw scores of 49 or less (below 25th percentile). Using this procedure, 15 students were identified for the High group and 9 for the Low group. Their characteristics are shown in Table 1.

Insert Table 1

Assessment Measures

Background Characteristics. Student's gender, race, and age were drawn from school records in June of 1988. The socioeconomic status was derived using an inverted version of the seven point occupational scale developed by Warner, Meekr, and Eells (1949), with a higher score indicating a higher parental occupational status. The student's parent (i.e. mother or father) with the higher occupational status served as the rating for the student.

School Related Characteristics. Length of enrollment is the number of months the student was enrolled at the school based on the end of the 1987-1988 school year. Academic skills shown are grade equivalent scores derived from the school wide administeration of the Stanford Achievement Test-1973 Edition in June of 1988. The IQs are drawn from the students' most recent psychologial evaluation (within a three year period) and are either WISC-R or WAIS-R Full Scale scores. The grade point average is based on a 13 point scale (A+ = 13 to

F = 1) using only students' final grades in major subject areas. Attendance figures are based on the percentage of days the student attended school during the 1987-1988 school year.

Teacher Ratings. Teachers rated each student on the Revised Behavior Problem Checklist (RBPC) (Quay & Peterson, 1987). The RBPC is an 89 item scale with six factorilly derived scales: Conduct Disorder (22 items), Socialized Aggression (17 items), Attention Problems-Immaturity (16 items), Anxiety-Withdrawal (11 items), Psychotic Behavior (6 items), and Motoric Excess (5 items). Twelve items are not scored on any scale but were retained for research purposes. Alpha reliabilities for the scales for six different samples ranged from .70 (Motoric Excess) to .96 (Conduct Disorder) (Quay & Peterson). The validity of the RBPC is based on its relationship to its predecessor the Behavior Problem Checklist and other measures of observable behavior.

Self-Report Measures. In a small group format, students were orally presented with the RADS (Reynolds, 1987) and the Revised Children's Manifest Anxiety Scale (RCMAS) (Reynolds & Richmond, 1978), while the student marked their responses in silence. The 30 item RADS has demonstrated strong psychometric characteristics, with internal consistency reliability coefficients ranging from .92 to .96 and test-retest reliability coefficient (with a six week interval) of .84

(Reynolds, 1987). Its relationship with other measures of depression (i.e. Beck Depression Inventory, Hamlton Depression Rating Scale, and Zung Self-Rating Depression Scale) combine to support its validity. Finally, the test author has furnished scale norms based on several studies which includes over 3,000 adolescents. The 36 item RCMAS is composed of three factor analytically derived scales: anxiety manifested as somatic problems (Physiological Anxiety-10 items), as worrying and rumination (Worry-Oversensitivity-11 items), and as concentration and attention difficulties (Concentration Anxiety-7items). The RCMAS provides a Total Anxiety score (28 items) composed of the three factor scores, and it offers a measure of social desirability (Lie Scale-9 items). The test authors (Reynolds & Paget, 1983) cited alpha ceofficients for the three scales and Lie Scale ranging from .56 to .80 across the eleven age groupings (range 6 to 19 years), while the alpha coeifficients for the Total Anxiety score is consistently above .80. The validity of the RCMAS is based on a .85 correlation between Total Anxiety and the Trait Scale of the State-Trait Anxiety Inventory for Children and factor analytic studies uncovering the three scales (Reynolds & Richmond, 1978; Reynolds & Paget, 1981).

Results

The High and Low RADS groups were compared on the measures described and are presented in Table 1. On background

characteristics, the High RADS group were found to be residing with families with a higher socioeconomic status, while the groups did not differ on the other variables. With regards to school related characteristics, the High RADS group were found to possess a higher level of school attendance than the Low group, and the groups did not differ on the other variables. In regards to teacher ratings on the RBPC, the High RADS group was rated as more Anxious-Withdrawn than the Low RADS group, while not differing on the other five scales. On student self-reported anxiety, the High RADS group was higher on the three factors of the RCMAS and Total Anxiety than the Low group; however, the Low RADS group was higher on the Lie Scale.

Discussion

The present study investigated extreme scoring SED adolescents on the RADS. It was expected that the High RADS group would be composed of more females, which would be consistent with previous research (Chiles et al., 1980; Kandel & Davis, 1982; Teri, 1982). The present unsupportive finding may be attributed to the small sample size and the small number of enrolled female students at the study's site. Thus, this hypothesis was not adequately examined by this investigation.

The second hypothesis was that the High RADS group would have a poorer attendance record, consistent with the literature that has linked depression and absenteeism (Chiles et al., 1982;

Farrington, 1980; Kandel & Davis, 1982). The present study found the reverse, with the High RADS group exceeding the Low RADS group in attendance. In understanding this finding, it is important to consider that previous research has been conducted on students enrolled in regular education settings, without intensive therapeutic support. Also, the comparison groups in these studies was other regular education students, not SED or even special education students. For SED students in this sample, it appears that a greater level of reported depression may have been apart of a greater motivation to attend school regularly, feeling comfortable and secure in that setting. A related finding is that the High RADS group's grade point average exceeded that of the Low RADS group, approaching statistical significance ($p < .10$). The grade point average in this setting should be viewed as an indication of student motivation and not academic competence. Thus, the High RADS students were not only more motivated to attend school, but also when in school they were more task oriented. These findings have to be viewed with consideration of the special nature of the setting and its students.

A third hypothesis was that teacher ratings on the RBPC would indicate higher scores for the High RADS group on the Anxiety-Withdrawal scale, consistent with previous studies examining teacher ratings and childhood depression (Jacobsen et al., 1983; Strauss et al., 1984). This hypothesis was supported, with High RADS students displaying observable

behaviors indicating anxiety, depression, fear of failure, social inferiority, and self-concern. Inspection of the mean scores on each of the RBPC scales reveals that both groups exceeded one standard deviation above nonclinical adolescent samples reported by the test authors (Quay & Peterson, 1987). Thus, even for a highly pathological sample as the present sample, students with High RADS scores were distinguishable on the RBPC from Low RADS scorers.

The fourth hypothesis was that High RADS group would report higher levels of anxiety as measured by the RCAMS, as found in previous studies with children (Strauss et al., 1987; Strauss et al., 1984). This hypothesis was supported on all three scales of the RCMAS and the Total Anxiety score. This study provides additional support for the often noted close relationship between anxiety and depression.

Other notable findings include the higher socioeconomic status of High RADS students when compared to Low RADS students. The issue of depression and socioeconomic status is a complex one. Kandel and Davis (1982) found that at the lowest income levels depression was more prevalent. Schoenback and colleagues (1983) reported that they were unable to draw any firm conclusions regarding socioeconomic status and depression. Studies with adult samples have generally found depression to be more prevalent in the lower socioeconomic classes (Eaton & Kessler, 1981; Weissmen & Meyers, 1978). The present study's findings must be viewed with caution given its small sample

size and the overrepresentation of students drawn from the lower middle and lower classes (i.e. restriction of range).

One of the most important findings was the higher Lie Scale score found for Low RADS students compared to High RADS students. This is contrary to Strauss and associates (1984) study with a nonclinical sample of children. The Lie Scale is thought to be a meaure of both social desirability and a capacity to acknowledge negative aspects about oneselve. In a prev iousstudy with emotionally disturbed children, Norvell and Towle (1986) explained that a limitation of the use of self-report measures with emotionally disturbed children is this difficulty in admitting negative things about oneself. For our adolescent SED sample, this would appear to have been an important issue. In fact the Low RADS group may not have been truely a nondepressed group. The findings on attendance and grades suggest that the High RADS group may have had greater awareness of their concerns and greater willingness to admitt those concerns. Thus, this study would suggest that a score on the RADS must be interpreted very cautiously with SED adolescents. It is possible that a high score could even be an indication of therapeutic progress, whereas a low score is apart of a pattern of student resistance to therapeutic involvement. These matters all require further research before firm conclusions can be drawn.

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Table 1

High and Low RADS Groups by Background Characteristics, School Related Skills, Revised Behavior Problem Checklist (RBPC), and Revised Children's Manifest Anxiety Scale (RCMAS)

	High RADS Group (n = 15)		Low RADS Group (n = 9)		t-test[a]
	M	SD	M	SD	
Background Characteristics:					
gender	Male - 12 Female - 3		Male - 7 Female - 2		.15[b]
race	White - 6 Minority - 9		White - 4 Minority - 5		.05[b]
age	17.84	2.49	17.32	2.38	.42
socioeconomic status	3.89	1.13	2.50	.58	2.40[c]
School Related Characteristics:					
length of enrollment	31.45	19.44	33.57	37.56	-.16
Reading Comprehension	4.84	2.72	5.11	2.55	-.21
Composite Mathematics	4.59	2.94	4.82	1.72	-.18
IQ	72.72	16.41	78.00	14.54	-.69
grade point average	9.94	1.33	7.88	2.19	1.91
attendance	90.72	5.10	77.00	14.24	2.96[d]

Table 1 (Continued)

	High RADS Group (n = 15)		Low RADS Group (n = 9)		t-test[a]
	M	SD	M	SD	
RBPC:					
Conduct Disorder	17.81	9.77	17.61	7.78	.21
Socialized Aggression	3.00	4.92	3.67	6.02	-.56
Attention Problems-Immaturity	11.18	5.74	12.66	4.13	-.59
Anxiety-Withdrawal	10.63	5.18	6.00	3.56	1.80[e]
Psychotic Behavior	2.91	2.62	1.17	1.17	1.16
Motoric Excess	4.72	2.83	3.67	2.58	.73
RCMAS:					
Total Anxiety	15.36	5.85	3.14	3.89	4.88[g]
Physiological Anxiety	4.09	2.34	1.43	1.99	2.51[f]
Worry-Oversensitivity	7.18	2.68	1.29	1.60	5.26[g]
Concentration Anxiety	4.09	1.87	.43	.79	4.88[g]
Lie Scale	3.09	2.34	5.86	1.35	-2.86[d]

[a] $df = 22$ [b] chi-square test ($df = 1$)

[c] $p < .05$ (two-tailed test) [d] $p < .01$ (two-tailed test)

[e] $p < .05$ (one-tailed test) [f] $p < .01$ (one-tailed test)

[g] $p < .001$ (one-tailed test)